



Express Mail No.: ED 643 352 624 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:	Barber, Elizabeth K.	Confirmation No.:	4008
Serial No.:	09/966,264	Art Unit:	1636
Filed:	September 28, 2001	Examiner:	KAUSHAL, Sumesh
For:	GENE EXPRESSION CONTROL DNA ELEMENT AND ASSOCIATED PROTEIN	Attorney Docket No.:	896034-605001

AMENDMENT UNDER 37 C.F.R. 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

In response to the Final Office Action mailed January 10, 2005 (hereinafter "Office Action"), please enter the amendments and consider the remarks below. Applicant submits herewith (1) an Amendment Fee Sheet (2) a Petition for Extension of Time of one month from April 10, 2005 to and including May 10, 2005; and (3) a Notice of Appeal. The Commissioner is hereby authorized to charge any required fee(s) to Jones Day Deposit Account No. 50-2468.

Amendments to the specification begin at page 2 of this paper.

Amendments to the claims are reflected in the listing of the claims that begins on page 7 of this paper.

Remarks begin on page 11 of this paper.



Express Mail No. ED 643 352 624 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Elizabeth K. Barber Confirmation No.: 4008
Serial No.: 09/966,264 Art Unit: 1636
Filed: September 28, 2001 Examiner: KAUSHAL, Sumesh
For: GENE EXPRESSION CONTROL DNA Attorney Docket No: 896034-605001
ELEMENT AND ASSOCIATED
PROTEIN

FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

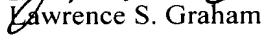
The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	<input type="checkbox"/> SMALL ENTITY		<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	21	MINUS	42	0	x 25	\$	x 50	\$
INDEP.	2	MINUS	3	0	x 100	\$	x 200	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM								
				TOTAL	\$	OR	TOTAL	\$
								0.00

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Respectfully submitted,

Date: May 10, 2005

  Reg. No. 49,020

Lawrence S. Graham

Reg. No. 49,020

JONES DAY
222 East 41st Street
New York, New York 10017
(212) 326-3939

Enclosure